

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029366

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 31 1962

Primary Registration District No.

500

Registrar's No.

2000

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b> <b>FLORISSANT</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FLORISSANT</b>		c. CITY OR TOWN <b>FLORISSANT</b>	
Length of stay in 1b <b>4 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>15 MIGNON DRIVE</b>		d. STREET ADDRESS (If outside, give location) <b>15 MIGNON DRIVE</b>	
3. NAME OF DECEASED (Type or print) First <b>VALENTINE</b> Middle <b>BIRGEL</b> Last <b>BIRGEL</b>		4. DATE OF DEATH Month <b>7</b> Day <b>4</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-9-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GRANITE CITY STEEL</b>	9. AGE (last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>NICHOLAS BIRGEL</b>		13b. MOTHER'S MAIDEN NAME <b>VICTORIA ZOELLER</b>	
14. NAME OF HUSBAND OR WIFE <b>NICK BERGEL</b>		Address <b>15 MIGNON DRIVE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		17. INFORMANT <b>9 NICK BERGEL</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> DUE TO (b) <b>Anterior septal wall heart disease</b> and <b>Cardiac insufficiency</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>6-18-62</b> to <b>6-29-62</b> and last saw him alive on <b>6-29-62</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. H. Walker MD</b>	(Degree or title)	22b. ADDRESS <b>3121 N. Grand Ave St Louis 7-562</b>	22c. DATE SIGNED <b>7-5-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>7-4-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS CEMETERY</b>	23d. LOCATION (City, town, or county) <b>GRANITE CITY ILLINOIS</b>
24. FUNERAL DIRECTOR <b>ED MERCER SONS</b>	ADDRESS <b>GRANITE CITY ILLINOIS</b>	25. DATE RECD. BY LOCAL REG. <b>7-6-62</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank R. Mercer

Licensed Embalmer No. 4420

P. O. Address Granite City, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.